

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$75.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994
CORPORATE NAME AND MAILING ADDRESS:SPORTS SHINKO RESORT HOTEL CORPORATION
175 PAOAKALANI AVE. #300
HONOLULU HI 96815

B17 00108906 13- 4/11/95 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
3000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/D	KINOSHITA, TOSHIO
*V/D	KINOSHITA, TAKESHI
*V	TOMITA, SHIGERU
*T/O	FUKUDA, TSUGIO
*AS	NISHIDA, YASUO
*S/D	YAMAMOTO, IWANE
*D	MUKAI, FRANKLIN K

6-20-8 SEIJO SETAGAYA-KU	TOKYO JA
13749 CONDESA DR.	DEL MAR CA 92014
6175 MAKANIGLU PL.	HON HI 96821
2-22-7 NAKAMURA	NERIMA-KU TOKYO JA
95-054 HOKUWA ST #111	MILILANI, HI 96789
5 45 2 MATAUBARA SETAGAYA KU	TOKYO JA 156
1140 WAIHOLE ST.	HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Jul 22, 1995

SIGNATURE OF AUTHORIZED OFFICER,

If Attorney-in-fact signs, attach power of attorney)

VICE PRESIDENT

(OFFICE HELD)

FILE NO. 0077678D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17 15
B22

RECEIVED
BUSINESS REGISTRATION
DIVISION
APR 3 2 12 PM '95
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994
CORPORATE NAME AND MAILING ADDRESS:SPORTS SHINKO (HAWAII) CO., LTD.
175 PAOAKALANI AVE #300
HONOLULU HI 96815

B17 00108404 13- 4/11/95 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/D KINDSHITA, TOSHIO
 *S/D YAMAMOTO, IWANE
 *V/D KINDSHITA, TAKESHI
 *T/D FUKUDA, TSUGIO
 *AT NISHIDA, YASUO K
 *D MUKAI, FRANKLIN K
 *V TOMITA, SHIGERU

6-20-SEIJO SETAGAYA KU
 5-4-52 MATAUBARA SETAGAYA-
 13749 CONDESA DR
 2-22-7 NAKAMURA NERIMA-KU
 95-054 HOKUWA #111
 1140 WAIHOLE ST
 6175 MAKANILOU PL

TOKYO JA
 KU TOKYO JA 156
 DEL MAR CA 92014
 TOKYO JA
 MILILANI, HI 96789
 HON HI 96821
 HON HI 96821

DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

MAR 3 2 12 PM '95

RECEIVED
BUSINESS REGISTRATION
DIVISION

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE:

3/30/95

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(OFFICE HELD)

FILE NO. 0061260D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17 15
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI HI 96789DATE: 02/23/95
TOTAL AMOUNT: \$ 0065719D1
0065719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	NUMBER	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	NUMBER
CLASS/SERIES COMMON	20,000	CLASS/SERIES COMMON	10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13748 CONDESA DR DEL MAR CA 92014
*AT	NISHIDA, YASUO	95-054 HOKUTWA #111 MILILANI HI 96789
*D	MUKAI, FRANKLIN	1140 WAIHOLO ST HON HI 96821
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-K U TOKYO, JAPAN 156
*AS	TSUJIMOTO, TAKUYA	160 HOAUNA ST WAILUKU HI 96793

RECEIVED
BUSINESS REGISTRATION
DIVISION
FEB 23 1 50 PM '95

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Feb 21, 1995

SIGNATURE OF AUTHORIZED OFFICER,

OFFICE HELD)

(If Attorney-in-fact signs, attach power of attorney)

FILE NO. 0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
Rev. 12/90 (see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DRIVE
KOLOA, HAWAII 96756B17 00070418 2- 1/02/96 15.00
B22 00070419 2- 1/02/96 10.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL CLASS/SERIES	NUMBER	PAID-IN CAPITAL CLASS/SERIES	NUMBER OF SHARES ISSUED NUMBER
COMMON	20,000	COMMON	3,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state (INACTIVE).)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD / DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE, ZIP CODE)	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE, ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SELJO SETACAYA-KU	TOKYO, JAPAN
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR	DEL MAR, CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU	TOKYO, JAPAN
*AT	NISHIDA, YASUO	95-054 HOKUIWA ST., #111	MILILANI, HI 96789
*D	MUKAI, FRANKLIN K.	1140 WAIHOLO ST.	HONOLULU, HI 96821
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA	SETAGAYAKU TOKYO JA
*AS	TSUJIMOTO, TAKUYA	160 HOAUNA ST.	WAILUKU, HI 96793

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: November 10, 1995



SIGNATURE OF AUTHORIZED OFFICER.

(If Attorney-in-fact signs, attach power of attorney)

OFFICE HELD: P

FILE NO. 63818 D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17 15
B22 10

RECEIVED
BUSINESS REGISTRATION
DIVISION
NOV 22 9 47 AM '95
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

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DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI STREET
PUKALANI HI 96788DATE 95/03/30 ID B17 4 T SEQ# FILE# 103 -LINE 4-3510
TRAN#
TOTAL AMOUNT \$ 15.00
69566D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINDOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINDOSHITA, TAKESHI	19749 CONDESA DR DEL MAR CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
*AT	NISHIDA, YASUO	95-054 HOKUWA ST #111 MILILANI HI 96788
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA
*AS	TSUJIMOTO, TAKUYA	160 HOAUNA ST WAILUKU HI 96793

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: 3/19/95

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)Asst. Secretary
(OFFICE HELD)

FILE NO. 0069566D1

Rev. 12/90

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(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
175 PAOAKALANI AVE. #300
HONOLULU HI 96815

B17 00108905 13- 4/11/95 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state [INACTIVE].)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	8-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JAPAN
*AS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
*AS	NISHIDA, YASUO	95-094 HOKUIWA ST #111 MILILANI TOWN, HI 96789
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA 156

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Feb 22, 1995

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)VICE PRESIDENT
(OFFICE HELD)FILE NO. 0079478D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17 13
B22

RECEIVED
BUSINESS REGISTRATION
DIVISION
MAR 3 2 12 PM '95
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION
175 PAOAKALANI AVE. #300
HONOLULU HI 96815

B17 0010/074 13- 3/12/96

15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	NUMBER	CLASS/SERIES
COMMON	20,000	COMMON
		NUMBER
		3000

To Correct: the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state [INACTIVE].)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*V	TOMITA, SHIGERU	6175 MAKANIOU PL. HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AS	NISHIDA, YASUO	95-054 HOKUWA ST #111 MILILANI, HI 96789
*S/D	YAMAMOTO, IWANE	5 45 2 MATAUBARA SETAGAYA KU TOKYO JA 156
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST. HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☒ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Feb. 21, 1996

SIGNATURE OF AUTHORIZED OFFICER,
(if Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

V. PRICE PRESIDENT
(OFFICE HELD)

FILE NO. 0077678D1
Rev. 12/95B1715-
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
175 PAOAKALANI AVE #300
HONOLULU HI 96815

817 UB10/U76 15- 3/12/96

15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
*S/D	YAMAMOTO, IWANE	5-4-B2 MATAUBARA SETAGAYA- KU TOKYO JA 156
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AT	NISHIDA, YASUO K	95-054 HOKUIWA #111 MILILANI, HI 96789
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST HON HI 96821
*V	TOMITA, SHIGERU	6175 MAKANILOU PL HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☒ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Feb. 21, 1996

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

VICE PRESIDENT
(OFFICE HELD)FILE NO.0061260D1
Rev. 12/95B1715
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI HI 96789DATE TO BE FILED TRANS
96/03/12 817 4 716 -LINE 4-3855
TOTAL AMOUNT \$ 15.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
COMMON	COMMON
NUMBER 20,000	NUMBER 10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINDSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINDSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-K U TOKYO, JAPAN 156
*AS AT	TSUJIMOTO, TAKUYA	180 HOAUNA ST WAILUKU HI 96793
*AT AS	NISHIDA, YASUO	95-054 HOKUWA #111 MILILANI HI 96709
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*D	MUKAI, FRANKLIN	1140 WAIHOLD ST HON HI 96821
V/D	SATOSHI KINOSHITA	1139 Makaiwa St. Honolulu HI. 96816

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☒ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: February 14, 1996

James K. Kilde

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(File this original. Photo copies not accepted.)

(see reverse side for instructions)

Assistant Secretary
(OFFICE HELD)FILE NO. 0065719D1
Rev. 12/95B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DRIVE
KOLOA HI 96756DATE ID 7 SEQ# FILE# TRAN#
96/04/08 B17 4 316 -LINE 4-3945
TOTAL AMOUNT \$ 15.00
63218D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
COMMON	COMMON
NUMBER 20,000	NUMBER 3,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T	FLKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
*AS AT	TSUJIMOTO, TAKUYA	460 HOANUNA ST WAILUKU HI 96793
*AT AS	NISHIDA, YASUO	95-054 HOKUWA ST MILILANI HI 96789
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
*S/D	YAMAMOTO, IWANE	5 34 2 MATSUBARA SET TOKYO JA 156
V/D	KINOSHITA, SATESHI	1139 MAKAIWA ST HON HI 96816

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

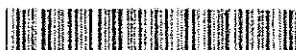
[] The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

DATE: March 10, 1996

James White
SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

Assistant Secretary
(OFFICE HELD)

FILE NO. 0063818D1
Rev. 12/95B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI STREET
PUKALANI HI 9678878/01/15/1996
1010 RICHARDS ST
HONOLULU HI 96810

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*I/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
*AK AS	NISHIDA, YASUO *	160 HOAUNA ST. WAILUKU, HI 96793
*S/O	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA
*AK AT	**TSUJIMOTO, TAKUYA	1140 WAIHOLE ST HON HI 96821
*D	MUKAI, FRANKLIN K	
V/D	KINOSHITA, Satoshi	1139 Makaiwa St. Honolulu, HI 96816
	*Nishida	160 Hoauna St. Wailuku, HI 96793
	**Tsujiimoto	95-186 Wainaku Place Mililani, HI 96768

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: 2/26/96

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(File this original. Photo copies not accepted.)

(see reverse side for instructions)

Assistant Treasurer
(OFFICE HELD)FILE NO. 0069566D1
Rev. 12/95B17
B22

DOMESTIC PROFIT CORPORATION

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
175 PAOAKALANI AVE. #300
HONOLULU HI 96815

B17 0010/073 15- 3/12/96

15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
COMMON	COMMON
NUMBER 20,000	NUMBER 2,000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	5175 MAKANIOLU PL HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JAPAN
*AS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
*AS	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI TOWN, HI 96789
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA 156

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☒ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Feb. 21, 1996

VICE PRESIDENT

(OFFICE HELD)

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

FILE NO.0079478D1
Rev. 12/95B1715
B22

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION
175 PAOAKALANI AVE STE 300
HONOLULU HI 96815

B17 00105878 2- 3/19/97 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINDOSHITA, TOSHIO	6-20-6 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINDOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821
*S/D	YAMAMOTO, IWANE	5 45 2 MATAUBARA SETAGAYA KU TOKYO JA 156
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AS	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI, HI 96789
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST. HON HI 96821

RECEIVED
BUSINESS REGISTRATION
DIVISION/CLERK
MAR 12 10 02 AM '97
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE:

2/28/97

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(File this original. Photo copies not accepted.)

(see reverse side for instructions)

U.P.

(OFFICE HELD)

FILE NO.0077678D1

Rev. 1/97

B17 25
B22

DOMESTIC PROFIT CORPORATION
 MAKE CHECK PAYABLE TO:
 FILING FEE: \$25.00

STATE OF HAWAII
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 BUSINESS REGISTRATION DIVISION
 1010 Richards Street

ORIGINAL RETURN BY MARCH 31
 PENALTY FOR LATE FILING

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996
 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
 175 PAOAKALANI AVE STE 300
 HONOLULU HI 96815

B17 00105876 2- 3/17/97 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	40,000	COMMON	
	20,000		X 16,998
	40,000		

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state (INACTIVE).)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*V	TOMITA, SHIGERU	6175 MAKANILOU PL HON HI 96821
*S/D	YAMAMOTO, IWANE	5-4-52 MATAUBARA SETAGAYA- KU TOKYO JA 155
*I/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AT	NISHIDA, YASUO K	95-054 HOKUWA #111 MILILANI, HI 96789
*C	MUKAI, FRANKLIN K	1140 WAIHOLO ST HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/28/97

SIGNATURE OF AUTHORIZED OFFICER,
 If Attorney-in-fact signs, attach power of attorney)
 (File this original. Photo copies not accepted.)
 (see reverse side for instructions)

(OFFICE HELD)

FILE NO. 0061260D1
 Rev. 1/97

B17.25
 B22



DOMESTIC PROFIT CORPORATION
MAKE CHECK PAYABLE TO:
FILING FEE \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
1010 Richards Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVE
MILILANI HI 96789

DATE 10 T SEQ# FILE# TRAN#
97/03/13 B17 3 1567 -LINE 4-1751
TOTAL AMOUNT \$ 25.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
NUMBER	NUMBER
COMMON 20,000	COMMON 10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS: GOLF COURSE OPERATION
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1138 MAKAIWA ST HON, HI 96816
S/D	YAMAMOTO, TIANC	6-15-2 MATSUBARA SETAGAYA-K U-TOKYO JAPAN 166
T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI, HI 96789
AS	NISHIDA, YASUO	160 HDAUNA ST WAILUKU, HI 96793
D	MUKAI, FRANKLIN	1140 WAIHOLE ST HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read above and the information is true and correct.

DATE: 4/21/97

SIGNATURE OF AUTHORIZED OFFICER

(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

FILE NO. 0065719D1
Rev. 1/97



B17
B22

RECEIVED
BUSINESS REGISTRATION
DIVISION-CHIEF
FEB 25 3 50 PM '97
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII
OFFICE HELD

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DR
KOLOA HI 96756DATE 97/03/25 ID B17 T SER# 350 FILE# 4-1790
TOTAL AMOUNT \$ 25.00
6381801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:
GOLF COURSE OPERATION
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/O	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13748 CONDESA DR DEL MAR CA 92014
*T/S	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
*AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PLACE MILILANI, HI 96789
*AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU, HI 96798
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96813
S/D	YAMAMOTO, IWANE	5-04-2 MATSUBARA SET TOKYO 106
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HON, HI

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: March 16, 1997

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

Assistant Secretary
(OFFICE HELD)

FILE NO. 0063818D1
Rev. 1/97



B17
B22

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI ST
PUKALANI HI 96788DATE ID REG FILE# TRANS
7/7/04/07 B17 4 408 -LINE 4-4069
TOTAL AMOUNT \$ 25.00
69566D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	CLASS/SERIES COMMON
NUMBER 20,000	NUMBER 1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-KU TOKYO JA
AS	NISHIDA, YASUO	160 MOAUNA ST WAILUKU HI 96793
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
D	MUKAI, FRANKLIN K	1140 WATHOLD ST HON HI 96821
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA JT HON HI 96816

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: MARCH 10, 1997

James L. Loh
 SIGNATURE OF AUTHORIZED OFFICER,
 (If Attorney-in-fact signs, attach power of attorney)
 (File this original. Photo copies not accepted.)
 (see reverse side for instructions)

Assistant Secretary
 (OFFICE HELD)

FILE NO. 0069566D1

Rev. 1/97

B17
B22

RECEIVED
 BUSINESS REGISTRATION
 DIVISION
 MAR 21 1 33 PM '97
 DEPARTMENT OF
 COMMERCE AND
 CONSUMER AFFAIRS
 STATE OF HAWAII

DOMESTIC PROFIT CORPORATION
 MAKE CHECK PAYABLE TO:
 FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 BUSINESS REGISTRATION DIVISION
 1010 Richards Street

ORIGINAL-RETURN BY MARCH 31
 PENALTY FOR LATE FILING

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996
 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
 175 PAOAKALANI AVE STE 300
 HONOLULU HI 96815

817 00105879 2- 3/19/97 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	8175 MAKANIOLU PL HON HI 96821
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA 156
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JAPAN
*SS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
*AS	NISHIDA, YASUO	95-054 HOKUWA ST #111 MILILANI TOWN, HI 96789

RECEIVED
 BUSINESS REGISTRATION
 DIVISION - HONOLULU
 MAR 12 10 02 AM '97

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/28/97

SIGNATURE OF AUTHORIZED OFFICER,
 (If Attorney-in-fact signs, attach power of attorney)
 (File this original. Photo copies not accepted.)
 (see reverse side for instructions)

(OFFICE HELD)

FILE NO. 0079478D1
 Rev. 1/97

817 25
 822



DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION
175 PAOKALANI AVE
HONOLULU HI 96815

B17 00111612

2- 4/03/98

25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	9000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V	YAMAMOTO, IWANE	6175 MAKANIOLU PL. HON HI 96821
S/T/D	FUKUDA, TSUGIO	5-46-2 MATSUBARA SETAGAYA-KU TOKYO JA 156
AS	NISHIDA, YASUO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
D	MUKAI, FRANKLIN K	95-054 HOKUWA ST #111 MILILANI, HI 96789
		1140 WAIHOLE ST. HON HI 96821

RECEIVED
BUSINESS REGISTRATION
DIVISION
1998 MAR 30 A 7 15
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: March 24, 1998FILE NO. 0077678D1
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney.)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

RECEIVED
BUSINESS REGISTRATION
DIVISION
1998 MAR 22 A 2 03
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
175 PAOAKALANI AVE
HONOLULU HI 96815

B17 00111609 2- 4/03/98 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
COMMON	COMMON
NUMBER 40,000	NUMBER 16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V	TOMITA, SHIGERU	6175 MAKANICULU PL HON HI 96821
S/D	YAMAMOTO, IWANE	5-4-82 MATSUGARA SETAGAYA KU TOKYO JA 156
T/D S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	NISHIDA, YASUO K	95-054 HOKUWA #111 MILILANI, HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821

RECEIVED
BUSINESS REGISTRATION
DIVISION
1998 MAR 30 A 7 15

DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 3/24/98

FILE NO. 0061260D1
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER,
If Attorney-in-fact signs, attach power of attorney
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

1998 APR 22 A 9 03

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BUSINESS REGISTRATION
DIVISION
(OFFICE HELD)
B17
B22

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVE
MILILANI HI 96789DATE ID T SEQ# FILE# TRANS
98/02/19 817 4 254 -LINE 4- 502
TOTAL AMOUNT \$ 25.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	NUMBER	CLASS/SERIES
COMMON	20,000	COMMON
		NUMBER
		10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1139 MAKIWA ST HONOLULU HI 96816
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
AS	NISHIDA, YASUO	160 HOALUNA ST WAILUKU HI 96793
D	MUKAI, FRANKLIN	1140 WAIHOLE ST HONOLULU HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE:

2/11/98

T. Minter
SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

Asst. Treasurer
(OFFICE HELD)

FILE NO. 0065719D1
Rev. 1/97B17
B22

RECEIVED
BUSINESS REGISTRATION
DIVISION
FEB 13 3 40 PM '98

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:
FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DR
KOLOA HI 96756DATE 7 98/03/09 B17 3 251 -LINE 4-2095
TOTAL AMOUNT \$ 35.00
63818D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1138 MAKAIWA ST HON. HI 96816
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PLACE MILILANI, HI 96769
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU, HI 96793
D	MUKAI, FRANKLIN K	1140 WATHOLD ST HON HI 96821

RECEIVED
BUSINESS REGISTRATION
DIVISION-COUNTER
FEB 27 4 41 PM '98
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: February 25, 1998

James L. H. [Signature]
SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

Asst. Secretary
(OFFICE HELD)FILE NO. 0063818D1
Rev. 1/97B17
B22

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI ST
PUKALANI HI 96788DATE 10 1 9804 FILED FRANK
98/03/31 017 3 251 -LINE 4-2135
TOTAL AMOUNT \$ 25.00
6956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HONOLULU HI 96816
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLO ST HONOLULU HI 96821
D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-KU TOKYO JAPAN

RECEIVED
BUSINESS REGISTRATION
DIVISION
1998 MAR 19 A 7 49
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: February 12, 1998

James H. H. H.
SIGNATURE OF AUTHORIZED OFFICER.
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

Assistant Secretary
(OFFICE HELD)FILE NO. 0069566D1
Rev. 1/97B17
B22

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
175 PAOAKALANI AVE
HONOLULU HI 96815

817 00111610

2- 4/03/98

25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO
V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD
V	TOMITA, SHIGERU	6175 MAKANIOLU PL
S/D	YAMAMOTO, IWANE	6-45-2 MATSUBARA, SETAGAYA-KU
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU
AS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET
AS	NISHIDA, YASUD	95-054 HOKULIWA ST #111

SETAGAYA-KU TOKYO JAPAN
CARLSBAD CA 92009
HON HI 96821
TOKYO JA 156
TOKYO 176 JAPAN
HONOLULU HI 96821
MILILANI TOWN, HI 96789

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE:

Mar 24, 1998

FILE NO. 0079478D1
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER.
(If Attorney-in-fact signs, attach power of attorney.)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

1998 MAR 30 A 7:18
1998 APR 22 A 9:03

RECEIVED
BUSINESS REGISTRATION
DIVISION

RECEIVED
BUSINESS REGISTRATION
DIVISION

DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILINGDOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998
CORPORATE NAME AND MAILING ADDRESS:SPORTS SHINKO RESORT HOTEL CORPORATION
175 PAOAKALANI AVE
HONOLULU HI 96815

B17 00103532 13- 3/23/99

23.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
3,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

P/D

KINOSHITA, TOSHIO

6-20-8 SEIJO SETAGAYA-KU

TOKYO JA

V/D

KINOSHITA, TAKESHI

13749 CONDESA DR

DEL MAR CA 92014

V

TOMITA, SHIGERU

6175 MAKANIOLU PL

HON HI 96821

S/T/D

FUKUDA, TSUGIO

2-22-7 NAKAMURA

NERIMA-KU TOKYO JA

AS

NISHIDA, YASUO

95-054 HOKUIWA ST 111

MILILANI HI 96789

D

MUKAI, FRANKLIN K

1140 WAIHOLE ST

HON HI 96821

RECEIVED
BUSINESS REGISTRATION
DIVISION
MAR 9 7 31 AM '99
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
HONOLULU, HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE:

2/19/99

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(File this original. Photo copies not accepted.)

(see reverse side for instructions)

OFFICE HELD:

FILE NO. 0077678D1

Rev. 1/97

B17 25
B22

DOMESTIC PROFIT CORPORATION
MAKE CHECK PAYABLE TO:
FILING FEE: \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
1010 Richards Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
175 PAOAKALANI AVE
HONOLULU HI 96815

B17 00103524 13- 3/23/99

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	40,000	COMMON	16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13748 CONDESA DR DEL MAR CA 92014
V	TOMITA, SHIGERU	6175 MAKANILOU PL HONOLULU HI 96821
S/T/O	FUKUDA, TSUGUO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	NISHIDA, YASUO K	95-054 HOKUWA ST #111 MILILANI HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HONOLULU HI 96821

RECEIVED
BUSINESS REGISTRATION
DIVISION
MAR 9 7 31 AM '99

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/19/99

SIGNATURE OF AUTHORIZED OFFICER,

(if Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

OFFICE HELD:

FILE NO. 0061260D1
Rev. 1/97



B17 25
B22

DOMESTIC PROFIT CORPORATION
MAKE CHECK PAYABLE TO:
FILING FEE: \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
1010 Richards Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVE
MILILANI HI 96789

DATE ID T SER# FILE# TRAN#
99/03/18 B17 4 39 -LINE 4- 368
TOTAL AMOUNT \$ 25.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
NUMBER	NUMBER
COMMON 20,000	COMMON 10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:
GOLF COURSE OPERATION
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HONOLULU HI 96816
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
D	MUKAI, FRANKLIN	1140 WAIHOLO ST HONOLULU HI 96821

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DIVISION-COUNTER
FEB 25 1 37 PM '99
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/22/99

T. Fujimoto

Asst. Treasurer
(OFFICE HELD)

FILE NO. 0065719D1
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER,
If Attorney-in-fact signs, attach power of attorney!
(File this original. Photo copies not accepted.)
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DOMESTIC PROFIT CORPORATION

MAKE CHECK PAYABLE TO:

FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DR
ROLOA HI 96756DATE ID T SEQ# FILE# TRAN#
99/04/05 B17 4 468 -LINE 4- 888
TOTAL AMOUNT \$ 25.00
63818D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	NUMBER	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	NUMBER
CLASS/SERIES COMMON	20,000	CLASS/SERIES COMMON	3,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HON HI 96816
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
D	MUKAI, FRANKLIN K	1140 WAINOLO ST HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/26/99

[Signature]
 SIGNATURE OF AUTHORIZED OFFICER,
 Attorney-in-fact signs, attach power of attorney)
 (File this original. Photo copies not accepted.)
 (see reverse side for instructions)

[Signature]
 Assistant Secretary
 (OFFICE HELD)

FILE NO. 0063818D1

Rev. 1/97

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DOMESTIC PROFIT CORPORATION
MAKE CHECK PAYABLE TO:
FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI ST
PUKALANI HI 96788

DATE ID T SEQ# FILE# TRAN#
99/04/22 B17 4 208 -LINE 4- 928
TOTAL AMOUNT \$ 25.00
6956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
NUMBER	NUMBER
COMMON	COMMON
20,000	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:
GOLF COURSE OPERATION
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HONOLULU HI 96816
V/D	KINOSHITA, TAKESHI	13748 CONDESA DR DEL MAR CA 92014
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HONOLULU HI 96821
D	YAMAMOTO, IWANE	6-45-2 MATSUBARA SETAGAYA-KU TOKYO JA

MAR 22 6 55 AM '99

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/23/99

SIGNATURE OF AUTHORIZED OFFICER,
(if Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

Assistant Secretary
(OFFICE HELD)

FILE NO. 0069566D1
Rev. 1/97

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DOMESTIC PROFIT CORPORATION
MAKE CHECK PAYABLE TO:
FILING FEE: \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
175 PAOAKALANI AVE
HONOLULU HI 96815

B17 00103530 13- 3/23/99

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:
TO OWN AND OPERATE HOTELS
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	COSTA DEL MAR RD CARLSBAD CA 92009
V	TOMITA, SHIGERU	6175 MAKANIOLU PL HONOLULU HI 96821
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
AS/D	MUKAI, FRANKLIN K	1140 WAIHOLD ST HONOLULU HI 96821
AS	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI HI 96789

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BUSINESS REGISTRATION
DIVISION
MAR 9 7 31 AM '99

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/14/99

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)
(File this original. Photo copies not accepted.)
(see reverse side for instructions)

(OFFICE HELD)

FILE NO.0079478D1
Rev. 1/97

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